TO: CLERK MARGRET CARTER

FROM: JOSEPH BRADSHAW.

20980-038

RE: Appeals No. 05-2196 26 P 3:35



DEAR CLERK, FILED IN CLERKS OFFICE.

PLEASE FERRINGINGS OF APPEALS

PLEASE FERRINGINGS OF AND MARK UP FOR A HEARING THE FOILDWING: (1) AFFIDAVIT TO ACCOMPANY MOTION FOR CEAUE TO APPEAL IN FORMA PAUDERIS. (2) MOTION TO NULLWOOD DEFAULT INTENT AND TO EXTEND TIME FOR APPELLANT TO FILE REQUIRED INDIGENCY AND COO.A U.S.P. Florence provides LEGAL DOCUMENT FILE AND LAW LIBRARY ACCESS, WITH AFFIDAVIT OF JOSEPH BRADILAW IN SUPPORT OF NO 05-2196. (3) AFFIDAVIT OF COUNSERIOR SLUMBED CONFIRMING ACCOUNT GALANCE AND NO LAWLIBRARY ACCESS. (4) CERTIFICATE OF SERVICE AND VERIFICATION.

YOU MAILED A NOTICE OF DEFAULT INTENT TO DISMISS IF FEE FOR FILING COOLA AND/OR IN FORMA PAUPERS AFFIDAVIT WASNIT FILED GY 9-22-05 \_ PURSUANT TO ENSTITIONAL MAIL RUIF - The Above been MAILER ON 8-20-05 AND IS TIMELY. IF THE COURT RULED PRIOR TO THE REICPT OF THE ENCLOSED - PIEASE INFORM THEM IT'S GEEN FILEN TIMECY.

TARUK YOU FOR YOUR TIME AND ASSISTANCE

Serierely

Joseph Brackhan JOSEPH BRADSHAW 20980-038 U.S PENITENTIARY BOY 7000 FIORENCE CO. 8128 C

DATED 9-20-05

9-20-05

## Affidavit to Accompany 2005 SEP 26 Motjon for Leave to Appeal in Forma Pauperis

FILED IN CLERKS OFFICE US COURT OF APPEALS FOR THE FIRST CIRCUIT

District Court No. 03-12324- D-P. W. Appeal No. 05-2196

JOSEPH BRADSHAW

UNITED STATES OF AMERICA

## Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Joseph Brackhaw

ONLY DIST CT # 03-12324-D-PW

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 9-20-05

My issues on appeal are: Counsels Theffectiveness For: (A) Failure 70 get an abvanced Runny on knapp and remands testimony dursuant to 304(8/3) prior to her opening; (B) Scapice hiers use immunity and courts failure to hold a evidentiary hearing (c) larges 3rd party unlawfull consent to Search: waive (d) - (e) violation of speedy trial. (f) counsels failure to speed enough time with elient (e) Prejudicial evidence. (h) Dist cis devial of si e motion and verified motion of Leave to amend 3-strike which is violation of Blakley wante Claim filed under Seal wo 3-12172 d-p. W.

I. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source 
Average monthly amount during the past 12 months

You Spouse You Spouse S  $\mathcal{N}/A$  S  $\mathcal{N}/A$  Self-employment S  $\mathcal{N}/A$  Such as rental income)

Interest and dividends S  $\mathcal{N}/A$  S  $\mathcal{N}/A$  S  $\mathcal{N}/A$ 

Income source	Average monthly amount during the past 12 months		Amount expected next month		
Gifts	You \$_5©	Spouse \$_\omega / A	You \$_50	Spouse \$_\mu/A_	
Alimony	s_ O	s N/A	s_ O	s_N/A	
Child support	<u>\$</u>	s N/A	<u>\$</u>	s <sub>W/A</sub>	
Retirement (such as social security, pensions, annuities insurance	, s <u> </u>	s N/A	<u>\$</u>	s N/A	
Disability (such as social security, insurance payment	s	s_N/A	<u>\$</u>	s_v/A_	
Unemployment payments	<u>\$_O</u>	s_N/A	<u>\$_O</u>	s N/A	
Public-assistance (such as welfare)	<u>\$O</u>	s_N/A	sÔ	s N/A	
Other (specify):	s_O	s N/A	sO	s N/A	
Total Monthly income:	s_50_	s N/A	<u>s_0</u>	s N/A	
2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)					
Employer Ac	Idress	Dates of Emplo	yment Gross m	onthly pay	
NONC	N/A	_ N/A		)	
NONG	NIA	N/A			
NONE	NA	_ <u>~/</u> A		)	

Employer	Address	<b>Dates of Employment</b>	Gross monthly pay
N/A	MA	_ N/A	NIA
	N/A	N/A	$\sim /A$
N/A	N/A	N/A	N/A

1	How much cash do you and your spouse have?	\$	$\triangle$
4.	now much cash ao you and your spouse have:	⊸_	

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/p	PRISON ACCOUNT	\$ <u>98</u>	SN/A
NIA	N/n	5 N/n	SNA
NIA	NIA	\$ N/M	\$ N/A

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

SEC: ATTACKED MOTION AND AFFIDANT.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
NONE	_O_	NONE	<u> </u>	Make & year: NUPE	O
NONG	0	NONG	0	Model: None	0
NONG	O	NONG	<u> </u>	Registration#: 11	0
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: WONG	0	NONG	0	NONG	0
Model: NOWE	O	NONG	0	NONE	0
Registration#: が/ ぬ	. 0	None	0	NONG	0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your	Amount owed to you	Amount owed to your spouse
spouse money		
NONG	<u> </u>	NIA
NONE	O	N/A
NONE	<u> </u>	_ ~/A

7. State the persons who rely on you or your spouse for support.

Name	Relationship		Age
NONG	~/A	_	NIA
NONE	N/A	_\	NA
Nong	NZA	_	NIA

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Rent or home mortgage payment (include lot rented	\$	\$ M/A
for mobile home)  Are any real estate taxes included? □ Yes □ No  Is property insurance included? □ Yes ☑ No	∪/A ∠1.50	
Utilities (electricity, heating fuel, water, sewer, and Telephone)	S per call	\$ NJA
Home maintenance (repairs and upkeep)	s <u>O</u>	s M/A
Food	\$ <u> </u>	\$ N/A
Clothing	<u>\$O</u>	s MA
Laundry and dry-cleaning	\$ <u>0</u>	s N/A
Medical and dental expenses	\$ per visif	s N/A
Transportation (not including motor vehicle payments)	<u>\$O</u>	s N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ <u> </u>	s N/A
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u></u>	\$ N/A
Homeowner's or renter's	<u>\$</u> O	s N/1
Life	<u>\$</u> 0	s M/A
Health	\$ <u> </u>	\$ N/A
Motor Vehicle	sO	s N/A
Other:	\$ <u></u>	s MA
Taxes (not deducted from wages or included in Mortgage payments)(specify):	\$O	s M/A
Installment payments	s <u> </u>	s N/A
Motor Vehicle	s	s_N/A
Credit card (name): NONC  Department store (name): NONC	\$ <u> </u>	s N/A
Department store (name): NONC	\$	s N/A
Other: NONG	\$ <i>()</i>	s 10/A

Alimony, maintenance, and support paid to others	\$ <u> </u>	sO
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>Ó</u>	\$ <u></u>
Other (specify): postage, legal copies  Typing. Idygene  Total monthly expenses:	\$ \$50	\$ \$_ <i>5</i> 0
	£ 1	
9. Do you expect any major changes to your monthly incomduring the next 12 months?  □ Yes ☑ No If yes, describe on	•	er assets or liabilities
		•
10. Have you paid — or will you be paying — an attorney of case, including the completion of this form? ☐ Yes ☑ No  If yes, how much? \$ ∠ / A	any money for servic	es in connection with thi
If yes, state the attorney's name, address, and telephone num	ıber:	
N/A		_
N/A		<u> </u>
11. Have you paid — or will you be paying — anyone other typist) any money for services in connection with this case, to Yes □ No		
If yes, how much? \$ TYPIEST \$3 PER PG - COPIE	5 10 \$, AND P	DOSTAGE
If yes, state the person's name, address, and telephone numb VARIOUS JAI LOVSE TYPIEST WHEN	er:	_
The hole. SEES ATTACKED MOTION,	AND AFFIRM	4
	-	<u> </u>

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. I BEEN INCARCERATED A TOTAL OF IS YRS. OVER 10 YRS ON This SENTENCE. ALWAY'S BEEN DEEMED INDIGENT BY The COURT WHEN IN POPULATION MY PRISONER JOB MADE 12 & A MONTH I GET TOO PER MONTH FROM HOME. AND AN OCCASSIONAL ONCE OR TWICE A YEAR FINANCIAL GIFT FROM A FRIEND. I'VE BEEND SAVING & The CAST YEAR AND JUST MAILED \$250 FOR COPIES OF MY NEW TRIAL MOTION HOME PENDING IN US. DISTRICT IN A ATTEMPT TO Solicit PROGONO ASSISTANCE ON THAT FILLING. THE \$ SENT WAS FUR

13.State the address of yo	our legal residence.		
BOX 7000 - U	S.D FIBROUTE		
Florance Co	1		
Your daytime phone num			
Your age: 44	Your years of schooling:	10Th GRADE	- G. 50
and the experience of the second of the seco	Marie Commission of the Commis		

## AFFIDAVIT OF MR. SLUMARD

I AM JOSEPH BRADSHAW COUNCILOR.

FUER THE FIRST CIRCUIT

DUE TO CONSTRUCTION IN The hole, There

MR. BRADSHAW SONT 250.00 KOME FOR LEGAL FEE'S AND HAS A THEN BALANCE OF \$98.00

SIGNED UNDER THE PAWS AND DENAITIES OF PERJURY

COUNSELOR E-A UNE PLANTE OF FLORENCE

All SHUMMO CCCEA

DATED 9-20-05